

Hospice Elective

Background:

Seventy-five percent of those dying each year in the United States are over the age of 65. Approximately 25% of those dying are also cared for by hospice and those persons over the age of 65 comprise approximately 81% of the patients cared for in hospice. Therefore, end-of-life care and hospice care is a geriatric issue and ongoing training is a vital component to any accredited geriatrics program. In addition to the one-month block rotation in palliative care and the ongoing nursing home hospice experience, geriatric fellows have an opportunity to increase their training opportunities in palliative care with an ongoing elective at Hospice of St. John's, a Denver-based not-for-profit freestanding hospice. This elective rotation is supervised by Dr. Stacy Fischer, a UCHSC geriatrician and Medical Director for Home Care at St John's as well as Dr. Paul Seligman, a UCHSC oncologist and Medical Director for Inpatient Care at St. John's, and Dr. Jeanne Youngwerth, a UCHSC hospitalist, palliative care attending, and hospice inpatient attending. As palliative care and hospice training is relevant to oncologists and internists, this elective opportunity has also been extended to the Chief Medical Residents in Internal Medicine and the Oncology fellows.

Objectives/Expectations:

1. Each Geriatric fellow, Oncology fellow, or Chief Medical Resident (CMR) participating will sign up for one week blocks of coverage at Hospice of St. John's. Their responsibilities will include being available for phone consultation throughout the week for other hospice team members (Social workers, nursing, and as back up for the Nurse Practitioner and medical students rotating at the hospice) on issues related to patient management. In addition, fellows and CMRs will need to round on all of the General Inpatient patients at the hospice (average census 6-8) one weekend day during the week. If other acute arise during the week, after regular work hours, fellows and CMRs should be available to come in to the hospice to manage the problem if it cannot be handled over the phone.
2. Back up for the CMRs and fellows will always be available and they are expected to call the attending (Dr. Fischer or Dr. Seligman) if there are any patient issues that develop that they need help with.
3. The fellows will work with an interdisciplinary team to emphasize the importance of non-physicians in the management of palliative care and hospice patients.
4. The attending will be available for a debriefing after each week-long block, usually by teleconference.
5. Fellows and CMRs will participate in quarterly meetings which will include case-based discussions and review of relevant medical literature related to the cases.

6. Fellows will continue to improve their expertise in the management of pain and related symptoms (e.g. dyspnea, nausea and vomiting, anxiety, etc)

Evaluation:

1. Each fellow will receive a formal written evaluation from their attending physician every 6 months and also provide a written evaluation of their experience. Evaluations will be based on clinical skills, feedback from interdisciplinary team members, and participation in monthly case-based discussions.
2. Each fellow will discuss progress in palliative care/hospice training with the Geriatric, Oncology, or Internal Medicine program director at three-month, six-month, and twelve-month formal reviews of training.